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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "C"

APPLICANT: Peter POST et al CONFIRMATION NO.: 5081
SERIAL NO.: 09/522,619 GROUP ART UNIT: 3629
FILED: March 10, 2000 EXAMINER: Naresh Vig
TITLE: "METHOD FOR PROTECTING A SECURITY MODULE AND
ARRANGEMENT FOR THE IMPLEMENTATION OF THE METHOD"

MAIL STOP NON-FEE AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RECEIVED
OCT 06 2003
GROUP 3600

SIR:

In response to the Office Action dated July 8, 2003, Applicants herewith
amend the application as follows.

3629



TELEPHONE (312) 258-5500

SCHIFF HARDIN & WAITE

PATENT DEPARTMENT

6600 SEARS TOWER

233 SOUTH WACKER DRIVE

CHICAGO, ILLINOIS 60606

GROUP ART UNIT: 3629

In re application of: Peter POST et al

SERIAL NO.: 09/522,619

EXAMINER: Vig Naresh

FILED: March 10, 2000

CONFIRMATION NO.: 5081

TITLE: "METHOD FOR PROTECTING A SECURITY MODULE AND ARRANGEMENT FOR THE IMPLEMENTATION OF THE METHOD"
AMENDMENT "C"

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	*	MINUS	** 20	X	() X 9.00 () X 18.00	
INDEP. CLAIMS	*	MINUS	3	X	() X 40.00 () X 80.00	
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$135.00 () \$270.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

- ☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ _____ is attached.
- ☐ A check for \$ _____ accompanying IDS under 37 CFR 1.97(c) is attached
- ☐ A check for \$ _____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.
- When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN & WAITE (Customer Number: 26574)

Patent Department

BY Steven H. Noll (28,982)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450 22313-1450 on September 29, 2003.

Steven H. Noll

NAME OF APPLICANT'S ATTORNEY

Steven H. Noll

SIGNATURE

September 29, 2003

DATE